



CONFIDENTIAL TAX INFORMATION AUTHORIZATION

EXC/TIA

The Representative named on this form is authorized to inspect and / or receive CONFIDENTIAL tax information from the Department of Revenue.

1. Taxpayer Information (please type or print)	
UBI/Registration No: _____ Taxpayer name(s) and address: _____	Telephone No: _____ Fax No: _____ E-Mail: _____ Check if new: <input type="checkbox"/> Address <input type="checkbox"/> Phone No.
2. Representative (please type or print)	
Name (include title, CPA, attorney, etc., if applicable) and address: _____	Telephone No: _____ Fax No: _____ E-Mail: _____
3. Authorized Information (please write in appropriate tax)	
Audit, Refund, or Unlimited	Year(s) or Period(s)
Excise Tax Return (Business & Occupation, Sales & Use, Public Utility, etc.)	
Use Tax Return (Recreation Vehicles, Boats, etc.)	
Other Taxes (Property, Forest, Real Estate, etc.)	
4. Retention/Revocation of Confidential Tax Information Authorization	
<p>This confidential tax information authorization automatically revokes all earlier tax information authorizations on file with the Department of Revenue for the SAME tax matters and years or periods covered by this document. If you do not want to revoke a prior tax information authorization, check this box. P <input type="checkbox"/></p> <p>Please attach a copy of any tax information authorization you want to remain in effect.</p>	
5. Signature of Taxpayer(s)	
<p>If a tax matter concerns a joint return, husband and/or wife may sign. I/We certify that I/we have the authority to execute this form with respect to the tax matter/periods covered as the owner, corporate officer, partner, guardian, executor, receiver, administrator, or trustee of the above named business.</p> <p><big>P</big> IF THIS CONFIDENTIAL TAX INFORMATION AUTHORIZATION IS NOT SIGNED AND DATED, IT WILL BE RETURNED.</p>	
X _____ Print Name	
X _____ Signature	_____ Date
X _____ Print Name	_____ Title (if applicable)
X _____ Signature	_____ Date
X _____ Print Name	_____ Title (if applicable)
6. Make a copy of this form for your files. Mail original form to Department of Revenue.	

For tax assistance, visit <http://dor.wa.gov> or call (800) 647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 486-2342. Teletype (TTY) users may call (800) 451-7985.